



**City of Neenah**  
**Liquor Licensing Review Subcommittee**  
(of the Public Services & Safety Committee)

**Agenda**

**Monday, May 6, 2024 at 4:00pm**  
**City Hall Council Chambers**  
**211 Walnut Street**

**NOTICE IS HEREBY GIVEN**, pursuant to the requirements of Wis. Stats. Sec. 19.84, that a majority of the Neenah Common Council may be present at this meeting. Common Council members may be present to gather information about a subject over which they have decision-making responsibility. This may constitute a meeting of the Neenah Common Council and must be noticed as such. The Council will not take any formal action at this meeting.

- I. Approval of minutes of April 9, 2024. (Minutes can be found on the City web site)
- II. Organization.
  - A. Election of Committee Chairman
  - B. Election of Committee Vice Chairman.
  - C. Committee meets on call.
- III. Appearances.
- IV. Unfinished Business.
- V. New Business.
  - A. Review and make recommendation on the Original "Class B" Combination Alcohol Beverage Retail License Application and Plan of Operation for Cedar Neenah, LLC, d/b/a Cedar Bar and Grill, 1330 S. Commercial Street, Kenneth Lulloff and David Halverson agents.
- VI. Any announcements/questions for the Committee.
- VII. Adjournment

In accordance with the requirements of Title II of the Americans with Disabilities Act (ADA), the City of Neenah will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. If you need assistance, or reasonable accommodation in participating in this meeting or event due to a disability as defined under the ADA, please call the Clerk's Office (920) 886-6100 or the **City's ADA Coordinator at (920) 886-6110 or e-mail [clerk@ci.neenah.wi.us](mailto:clerk@ci.neenah.wi.us)** at least 48 hours prior to the scheduled meeting or event to request an accommodation.

**Minutes of the Liquor Licensing Review Subcommittee  
of the Public Services & Safety Committee  
Tuesday, April 9, 2024 at 4:00 p.m.  
City Hall, Council Chambers**

**MEMBERS PRESENT:** Aldermen Stevenson, Weber, and Borchardt, Director of Community Development & Assessment Haese, City Attorney Rashid, Police Chief Olson, and City Clerk Nagel. A member of the Fire Department were excused.

**ALSO PRESENT:** Alderman Lendrum, Valorie Hernandez and Alejandro Torres, managers of the new Cozumel Restaurant, were present to answer any questions.

Chairman Stevenson called the meeting to order at 4:02 p.m.

- I. Approval of minutes of December 12, 2023 (minutes can be found on the city website).  
**MS by Weber/Haese to approve the minutes of the December 12, 2023 meeting as presented, all voting aye.**
- II. Appearances: None.
- III. Unfinished Business: None.
- IV. New Business:
  - a. Review and make recommendation to the Public Services and Safety Committee on the Original "Class B" Combination Alcohol Beverage Retail License Application and Plan of Operation for Cozumel Mexican Restaurant Bar & Grill, LLC, d/b/a Cozumel Mexican Restaurant at 1111 Westowne Drive, Neenah, Alejandro Torres, agent.

Alejandro Torres and Valorie Hernandez future managers of Cozumel Bar & Grill were present to answer any questions.

The Clerk's Office received a "Class B" Combination Liquor License Application from Cozumel Bar & Grill, LLC, in December. At that time, the liquor license approval process was started with the Liquor License Review Committee making an approval recommendation to the Public Services & Safety Committee. The Public Services & Safety Committee recommended approval to the Council. While the license was on its way to final Council final approval, Clerk Nagel received a request from the applicant to remove the license from the agenda as they were looking at relocating to 1111 Westowne Drive, the former Applebee's Resturant. At that point, the applicants were told they would need to reapply for the liquor license. This is the reapplication of the "Class B" liquor license.

Cozumel Bar & Grill will be receiving a regular "Class B" liquor license. This license is available with the closing of Applebee's. There was discussion on the Paper City Pub "Class B" license. Ordinance states that a license is considered abandoned if the business has been closed for six months. Since this is the case with Paper City Pub, the license returned to the city. Clerk Nagel informed the Board with the return of this Paper City Pub's "Class B" license, one regular license remains. There are nine reserve licenses available, one reserve license was issued to Pappa's Café.

The managers advised they will be using Applebee's site plan layout submitted in 2018 with the outdoor patio extension. The restaurant will go through an interior design décor update but the site plan will remain. The managers indicated that they are purchasing the old Applebee's vs. renting from the First Street location.

A background check was successfully completed on Cozumel Bar & Grill, as well as on agent Alejandro Torres Martinez with an approval recommendation from the Police Department and no monies owed to the city.


The consensus of the committee was, although it was viewed as good addition to the downtown area to have a restaurant on First Street, the Subcommittee understood the reasoning behind Applebee's location. The intent is to open Cozumel Neenah at 111 Westowne Drive in July, 2024.

**MSC by Olson/Borchardt to recommend Public Services and Safety Committee recommend Council approve the Original "Class B" Combination Alcohol Beverage Retail License Application and Plan of Operation for Cozumel Mexican Restaurant Bar & Grill, LLC, d/b/a Cozumel Mexican Restaurant at 1111 Westowne Drive, Alejandro Torres, agent, all voting aye.**

V. Any announcements/questions for the Subcommittee  
None.

VI. Adjournment  
**MSC by Borchardt/Weber to adjourn at 4:14 p.m., all voting aye.**

Respectfully submitted,



Charlotte Nagel, City Clerk



Dept. of Legal & Administrative Services  
Office of the City Clerk  
211 Walnut St. • P.O. Box 426 • Neenah WI 54957-0426  
Phone 920-886-6100 • Fax 920-886-6109  
e-mail cnagel@neenahwi.gov  
CHARLOTTE K. NAGEL, WCMC

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## MEMORANDUM

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**DATE:** June 21, 2023

**TO:** Mayor Lang, Members of Liquor License Review Subcommittee,  
Members of Public Services & Safety Committee, Members of the  
Common Council

**FROM:** Char Nagel, City Clerk

**RE:** Application for Regular “Class B” Combination Liquor License –  
Cedar Neenah, LLC

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The Clerk’s Office received a Transferring License Business to Business, an Original Alcohol Beverage Retail License Application, and an Operations Plan for Cedar Neenah, LLC, d/b/a Cedar Bar & Grill at 1330 S. Commercial Street. The current “Class B” Combination Liquor License is issued to Gretchen Diegel and Kristin Zagrodnik, Partnership. The bar, Cedar Bar & Grill, is being sold. Part of the sale transaction is the transfer of the liquor license.

A background check has been successfully completed on Cedar Neenah, LLC, with no monies owed to the city. Background checks were also conducted on the two new owners, Ken Lulloff and David Halverson, with no issues reported. All transfer paperwork is in order. Approving the transfer to Cedar Neenah LLC, does not impact the liquor license quota. The new owners intend to keep the operations and site layout of the bar the same as it currently is.

Staff recommends approval of the transfer of regular “Class B” Combination Intoxicating Liquor and Fermented Malt Beverage License to Cedar Neenah LLC, d/b/a Cedar Bar & Grill at 1330 S. Commercial Street.



**TRANSFERRING LICENSE**  
**BUSINESS TO BUSINESS FORM**

I/We hereby transfer the following licenses to the City of Neenah:

Class B Combination Beer/Liquor/Wine License No. 23-10

Class \_\_\_\_\_ Beer/Liquor/Wine License No. \_\_\_\_\_

Other Amusement License No. 23-10  
(Cigarette, Amusement, etc.)

Other \_\_\_\_\_ License No. \_\_\_\_\_  
(Cigarette, Amusement, etc.)

Date licenses transferred \_\_\_\_\_, \_\_\_\_\_

License(s) are for the following establishment: (PLEASE PRINT)

Business Name: Cedar Bar & Grill

Doing business as: Cedar Bar & Grill

Business Address: 1330 S. Commercial St

City/State: Neenah WI 54956

Signatures:   
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
\_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Print Name: Gretchen H. Diegel

Print Name: Kristin S. Zagrodinik

Print Name: \_\_\_\_\_

Notes: This form must be signed by all members of the Corp/LLC/Partnership/Individual prior to issuance of the new license.

We hereby accept the transfer the following licenses to the City of Neenah:

Class B Combination Beer/Liquor/Wine License No. 23-10  
Class \_\_\_\_\_ Beer/Liquor/Wine License No. \_\_\_\_\_  
Other Amusement License No. 23-10  
(Cigarette, Amusement, etc.)  
Other \_\_\_\_\_ License No. 23-10  
(Cigarette, Amusement, etc.)

Date licenses transferred \_\_\_\_\_, 2024\_\_

License(s) are for the following establishment: (PLEASE PRINT)

License(s) are for the following establishment: (PLEASE PRINT)

Business Name: Cedar Bar & Grill  
Doing business as: Cedar Bar & Grill  
Business Address: 1330 S. Commercial St  
City/State: Neenah WI 54956

Signatures:  Print Name: Kenneth W. Luloff  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
 Print Name: David J. Halverson  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
\_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company (V Aing))

Notes: This form must be signed by all members of the Corp/LLC/Partnership/Individual prior to issuance of the new license.

The licenses listed above were surrendered to me on this 3<sup>rd</sup> day of May, 2024.

  
Charlotte Nagel, City Clerk

| FOR CLERKS ONLY |  |
|-----------------|--|
| Municipality    |  |
| License Period  |  |

Form  
**AT-106**

### Original Alcohol Beverage License Application

April 29, 2024

**License(s) Requested**

- Class "A" Beer ..... \$ \_\_\_\_\_
- Class "B" Beer ..... \$ \_\_\_\_\_
- "Class C" Wine ..... \$ \_\_\_\_\_
- Reserve "Class B" Liquor \$ \_\_\_\_\_
- "Class A" Liquor ..... \$ \_\_\_\_\_
- "Class B" Liquor ..... \$ \_\_\_\_\_
- "Class A" Liquor (Cider Only) \$ \_\_\_\_\_
- "Class B" (Wine Only) Winery \$ \_\_\_\_\_

|                   |           |
|-------------------|-----------|
| License Fees      | \$        |
| Publication Fee   | \$        |
| Background Check  | \$        |
| <b>Total Fees</b> | <b>\$</b> |

**Part A: Premises/Business Information**

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)  
~~XXXXXXXXXXXX~~ Cedar Neenah LLC

2. Trade Name or DBA  
Cedar Bar and Grill

3. Premises Address  
1330 S. Commercial St Neenah WI 54956

4. County: Winnebago      5. Municipality: Neenah      6. Aldermanic District:

7. Mailing Address (if different from premises address)  
1929 Henry St Neenah WI 54956

8. FEIN: 99-2298490      9. Wisconsin Seller's Permit Number: 456-1031677970-02

10. Premises Phone: 920-709-1330      11. Premises Email: [REDACTED]

12. Entity Type (check one)  
 Sole Proprietor     Partnership     Limited Liability Company     Corporation     Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary.  
General bar area, table seating, Basement and Back ~~Room~~ Covered Patio

**Part B: Questions**

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate.....  Yes  No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?.....  Yes  No  
If yes, please explain using the space below. Attach additional sheets if necessary.

Form  
AT-103

# Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

### Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)

Cedar Neenah LLC

2. Trade Name or DBA

Cedar Bar and Grill

3. Entity Type (check one)

- Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

### Part B: Individual Information

1. Name (Last, First, M.I.)

Kenneth W Lulloff

2. Relationship to Registered Entity (Title)

Member

3. Email

[REDACTED]

4. Phone

[REDACTED]

5. Home Address

1929 Henry Street

6. City

Neenah

7. State

WI

8. Zip Code

54956

9. Date of Birth

[REDACTED]

10. Drivers License/State ID Number

[REDACTED]

11. Drivers License/State ID State of Issuance

WI

### Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1

1116 W Cecil Street

Previous City, State, Zip

Neenah WI 54956

Dates (MM/YYYY - MM/YYYY)

04/2020 - 04/2021

Previous Address 2

2825 Acorn Road

Previous City, State, Zip

Neenah WI 54956

Dates (MM/YYYY - MM/YYYY)

08/2001 - 04/2020

### Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name

Piping Systems Inc

Employer's Address

719 Industrial Park Ave

Dates Employed (MM/YYYY - MM/YYYY)

11/2022 - Present

Employer's Name

KL Consulting LLC

Employer's Address

1929 Henry Street

Dates Employed (MM/YYYY - MM/YYYY)

08/2008 - Present

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?  Yes  No  
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

|                        |            |
|------------------------|------------|
| Law/Ordinance Violated | Trial Date |
|------------------------|------------|

|                 |  |
|-----------------|--|
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------|--|

|                        |            |
|------------------------|------------|
| Law/Ordinance Violated | Trial Date |
|------------------------|------------|

|                 |  |
|-----------------|--|
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------|--|

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part F: Questions**

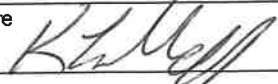
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2.  Yes  No

|  |             |             |
|--|-------------|-------------|
| 2. How long have you continuously lived in Wisconsin prior to the date of application? | Years<br>36 | Months<br>6 |
|--|-------------|-------------|

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed.  Yes  No

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

|  |                  |
|--|------------------|
| Signature<br> | Date<br>04/11/24 |
|--|------------------|

Form  
AT-103

# Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

|   |                                      |   |                                      |   |
|---|--------------------------------------|---|--------------------------------------|---|
| <b>Part A: Premises/Business Information</b>  |                                      |   |                                      |   |
| 1. Registered Entity Name (or individual name if sole proprietor)<br>Cedar Neenah LLC |                                      |   |                                      |   |
| 2. Trade Name or DBA<br>Cedar Bar and Grill   |                                      |   |                                      |   |
| 3. Entity Type (check one)  |                                      |   |                                      |   |
| <input type="checkbox"/> Sole Proprietor  | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation | <input type="checkbox"/> Nonprofit Organization |

|  |  |                        |  |                                |
|--|--|------------------------|--|--------------------------------|
| <b>Part B: Individual Information</b>                  |  |                        |  |                                |
| 1. Name (Last, First, M.I.)<br>David J Halverson       |  |                        |  |                                |
| 2. Relationship to Registered Entity (Title)<br>Member |  | 3. Email<br>[REDACTED] |  | 4. Phone<br>[REDACTED]         |
| 5. Home Address<br>403 Pine Street                     |  |                        |  |                                |
| 6. City<br>Neenah                                      |  | 7. State<br>WI         | 8. Zip Code<br>54956                                 | 9. Date of Birth<br>[REDACTED] |
| 10. Drivers License/State ID Number<br>[REDACTED]      |  |                        | 11. Drivers License/State ID State of Issuance<br>WI |                                |

|  |  |
|--|--|
| <b>Part C: Address History</b>   |  |
| List in chronological order your last two residence addresses within the last 5 years. |  |
| Previous Address 1<br>1331 Maple Street  |  |
| Previous City, State, Zip<br>Neenah WI 54956   | Dates (MM/YYYY - MM/YYYY)<br>04/2019 - 04/2021 |
| Previous Address 2<br>531 Van Street   |  |
| Previous City, State, Zip<br>Neenah WI 54956   | Dates (MM/YYYY - MM/YYYY)<br>04/2021 - 06/1997 |

|  |   |
|--|---|
| <b>Part D: Employment History</b>  |   |
| List in chronological order your last two employers within the last 5 years. |   |
| Employer's Name<br>LS Construction Services Inc.                             |   |
| Employer's Address<br>403 Pine Street  | Dates Employed (MM/YYYY - MM/YYYY)<br>01/1993 - Present |
| Employer's Name  |   |
| Employer's Address   | Dates Employed (MM/YYYY - MM/YYYY)                      |

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? .....  Yes  No  
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

|                        |            |
|------------------------|------------|
| Law/Ordinance Violated | Trial Date |
|------------------------|------------|

|                 |  |
|-----------------|--|
| Penalty Imposed | Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------|--|

|                        |            |
|------------------------|------------|
| Law/Ordinance Violated | Trial Date |
|------------------------|------------|

|                 |  |
|-----------------|--|
| Penalty Imposed | Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------|--|

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? .....  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part F: Questions**

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ....  Yes  No

|  |             |             |
|--|-------------|-------------|
| 2. How long have you continuously lived in Wisconsin prior to the date of application? | Years<br>53 | Months<br>6 |
|--|-------------|-------------|

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed.  Yes  No

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

|   |                  |
|---|------------------|
| Signature  | Date<br>04/11/24 |
|---|------------------|

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village  City of Neenah County of Winnebago

The undersigned duly authorized officer/member/manager of Cedar Neenah LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Cedar Bar and Grill  
(Trade Name)

located at 1330 S. Commercial St

appoints Ken Lullhoff + Dave Halverson  
(Name of Appointed Agent)

1929 Henry St  
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 36 years

Place of residence last year \_\_\_\_\_

For: \_\_\_\_\_  
(Name of Corporation / Organization / Limited Liability Company)

By: \_\_\_\_\_  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

### ACCEPTANCE BY AGENT

I, Ken Lullhoff, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 4-12-2024  
(Signature of Agent) (Date)

Agent's age [Redacted]

1929 Henry Street Neenah WI 54956  
(Home Address of Agent)

Date of birth [Redacted]

### APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



## Plan of Operation

### for Alcohol Beverage License Application

OFFICE OF THE CITY CLERK  
 211 Walnut Street • Neenah, WI 54956  
 (920) 886-6100

Your application will be returned for failure to fill out this form completely, correctly, and submit the required Detailed Floor Plan as outlined.

|   |  |
|---|--|
| <b>Business Name:</b> Cedar Bar and Grill   |  |
| <b>Address of Premises:</b> 1330 S. Commercial St   | <b>Business Telephone Number:</b> 920-729-1330   |
| <b>Business Mailing Address – if different from address of premises :</b><br>1929 Henry Street  |  |
| <b>Business Internet/E-mail Address:</b> Ken Lullhoff@gmail.com   | <b>Business Fax Number:</b> —  |
| <b>Owner's Name:</b> Ken Lullhoff   | <b>Owner's Phone Number:</b> 920-277-8201  |
| <b>Owner's Address include city, state, zip code:</b><br>1929 Henry St. Neenah WI 54956   |  |
| <b>Will the agent, a partner of the individual licensee be conducting the day-to-day operations of the business:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, list name and address of person who will:   |  |
| <i>Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person listed above must obtain a Class B Manager's license.</i>  |  |
| <b>Does anyone else have money invested or any other interest in this business?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: Business Partner 50/50   |  |
| <b>What types of business do you or will you conduct at this location? (Check all that apply):</b><br>(Other licenses/permits may be required to operate your business.)  |  |
| <input type="checkbox"/> Full Service Restaurant<br><input type="checkbox"/> Grocery Store<br><input type="checkbox"/> Liquor Store<br><input type="checkbox"/> Theater<br><input type="checkbox"/> Brew Pub<br><input type="checkbox"/> Volleyball Court (Permanent Extension of Premises required)<br><input checked="" type="checkbox"/> Bar & Grill<br><input type="checkbox"/> Comedy Club<br><input type="checkbox"/> Billiard Center | <input type="checkbox"/> Café/Coffee Shop<br><input type="checkbox"/> Convenience Market<br><input type="checkbox"/> Indoor Golf Facility<br><input type="checkbox"/> Wine Tasting Room<br><input type="checkbox"/> Tavern<br><input type="checkbox"/> Catering (sales only allowed on the premises issued and alcohol beverage licensed)<br><input type="checkbox"/> Night club<br><input type="checkbox"/> Recreational Paint Studio |
| <input type="checkbox"/> Bed & Breakfast<br><input type="checkbox"/> Hotel<br><input type="checkbox"/> Private Sports Club<br><input type="checkbox"/> Veterans Club<br><input type="checkbox"/> Fraternal Club<br><input type="checkbox"/> Video Game Center-6 or more games<br><input type="checkbox"/> Bowling Center  |  |
| <b>Briefly detail the type of business you plan to operate, if granted a license:</b><br>Bar and Grill Services   |  |
| <b>What other types of licenses or permits will you or do you hold at this location? :</b>  |  |
| <input type="checkbox"/> Tavern Entertainment   | <input type="checkbox"/> Cigarette   |
| <input type="checkbox"/> Dance Hall   | <input checked="" type="checkbox"/> Amusement Devices  |
| <input checked="" type="checkbox"/> Food (though Health Dept.)  | <input type="checkbox"/> Other(s)  |

**If applying for a Class B or C license, what type of food service will you have? (check all that apply):**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> None                  | <input type="checkbox"/> Prepackaged Foods | <input type="checkbox"/> Snacks                |
| <input checked="" type="checkbox"/> Appetizers | <input type="checkbox"/> Catered Events    | <input checked="" type="checkbox"/> Full Meals |

**What percentage of your total sales will be from the sales of alcohol beverages?** 50 %

**Is there at least 300 feet between the building and any church, school or hospital?**  Yes  No

**How many alcohol serving premises are within a 4 block radius of your business?** 5

**Do you have any future plans for other businesses, licenses or permits at this location?**  Yes  No  
If yes, explain:

**Is this premise under construction?**  Yes  No If yes, list estimated completion date:

**Is this a franchise?**  Yes  No

**What was the previous name & nature of the business operating at this location, if applicable?**

**Is this premises currently or ever been licensed?**  Yes  No If yes, list type of license:

**Is the current licensee operating?**  Yes  No If no, list date closed:

**If alcohol sales are a new use in this building, please contact the Neenah Police Department at (920) 886-6000 to meet with Chief of Police to review regulations/ordinances.**

**What is the zoning classification for this premise?**

| HOURS OF OPERATION FOR ALCOHOL BEVERAGE SALES/SERVICE ONLY |                              |       |
|--|------------------------------|-------|
| Day of the Week  | Proposed Hours of Operation: |       |
|  | Open                         | Close |
| Sunday   | 1 PM                         | 11 PM |
| Monday   | 11 AM                        | 11 PM |
| Tuesday  | 11 AM                        | 11 PM |
| Wednesday  | 11 AM                        | 11 PM |
| Thursday   | 11 AM                        | 11 PM |
| Friday   | 11 AM                        | 12 AM |
| Saturday   | 11 AM                        | 12 AM |

**PROHIBITED HOURS OF OPERATION:**  
 Class A: 9:00 PM to 8:00 AM; Class B/C: Monday thru Friday 2:00 AM - 6:00 AM;  
 Class B/C: Saturday thru Sunday 2:30 AM - 6:00 AM

|  |  |
|--|--|
| <b>Legal Capacity/Occupancy of Premises:</b><br>Inside _____ Outside _____<br>(does not include Class A)<br>Call (920) 886-6130 if you have questions. | <b>Number of Parking Spaces on the premises, not including street parking:</b> _____ |
|--|--|

**LITTER/GARBAGE:**  
**What are your plans to keep the grounds clean (check all that apply):**  
 Sweep  Pressure Wash  Pick Up Litter  Hired Maintenance  Garbage Cans Outside  
 Other: \_\_\_\_\_

**Who is responsible to keep the grounds clean?** Licensee  Building Owner  Employees  
 Hired Maintenance Other: \_\_\_\_\_

**NOISE: How will issues be addressed? (check all the apply):** Security  Manager approaches  
 customer(s) Call police Signs posted Other: \_\_\_\_\_

**DETAILED FLOOR PLAN**

Please read all instructions before preparing the floor plan.

- A detailed floor plan must be submitted with this application.
- Even if the premises has been previously licensed and a floor plan submitted, a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 1/2 x 11 inch sized paper. Plans do not need to be architectural drawings and need not be to scale. Handwritten plans are acceptable.
- A separate sheet of paper should be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed.

The floor plan must include all of the following items:

1. Dimensions and total square feet of the premises (length x width = square feet)
2. Label all entrances and exits
3. Label and provide dimensions (length & width) of all alcohol storage areas (coolers, stock room, basement, etc.)
4. Label and provide dimensions (length x width) of all alcohol display areas (behind the bar, shelves, etc)
5. Class B & C Applicants only: Label and provide dimensions (length x width) of all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes)
6. Class B & C Applicants only: Label all seating areas, bars, and food preparation areas (kitchen)
7. Label and provide dimensions (length x width) for the first floor showing the relation of all parking areas on the premises to the building, not including street parking.
8. On each page mark the following: North ↑, Date, Business name & address

**ALL NEW & TRANSFER APPLICANTS:**

**Submit Proof of Ownership, Lease or Offer to Purchase the Building with this application.**

A Lease or Offer to Purchase must:

1. Be in the same legal entity names as those applying for the license
2. Reflect the same address as the premises address on this application
3. Reflect current dates and
4. Be signed by the lessor/seller and lessee/buyer

**Lease or Offer to Purchase may be contingent upon the license being granted.**

**Do you own or lease the building?** Check one:  Own  Lease

Who owns the fixtures (i.e. Coolers, etc.)? Owners

Subscribed and sworn to before me  
this 1st day of May, 2024

D. Herb  
Notary Public, State of Wisconsin

My Commission expires: 10/22/27

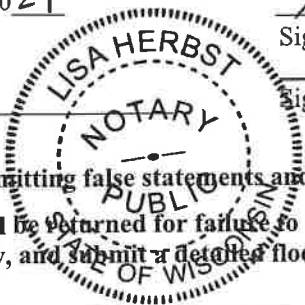
Notary Seal must be affixed

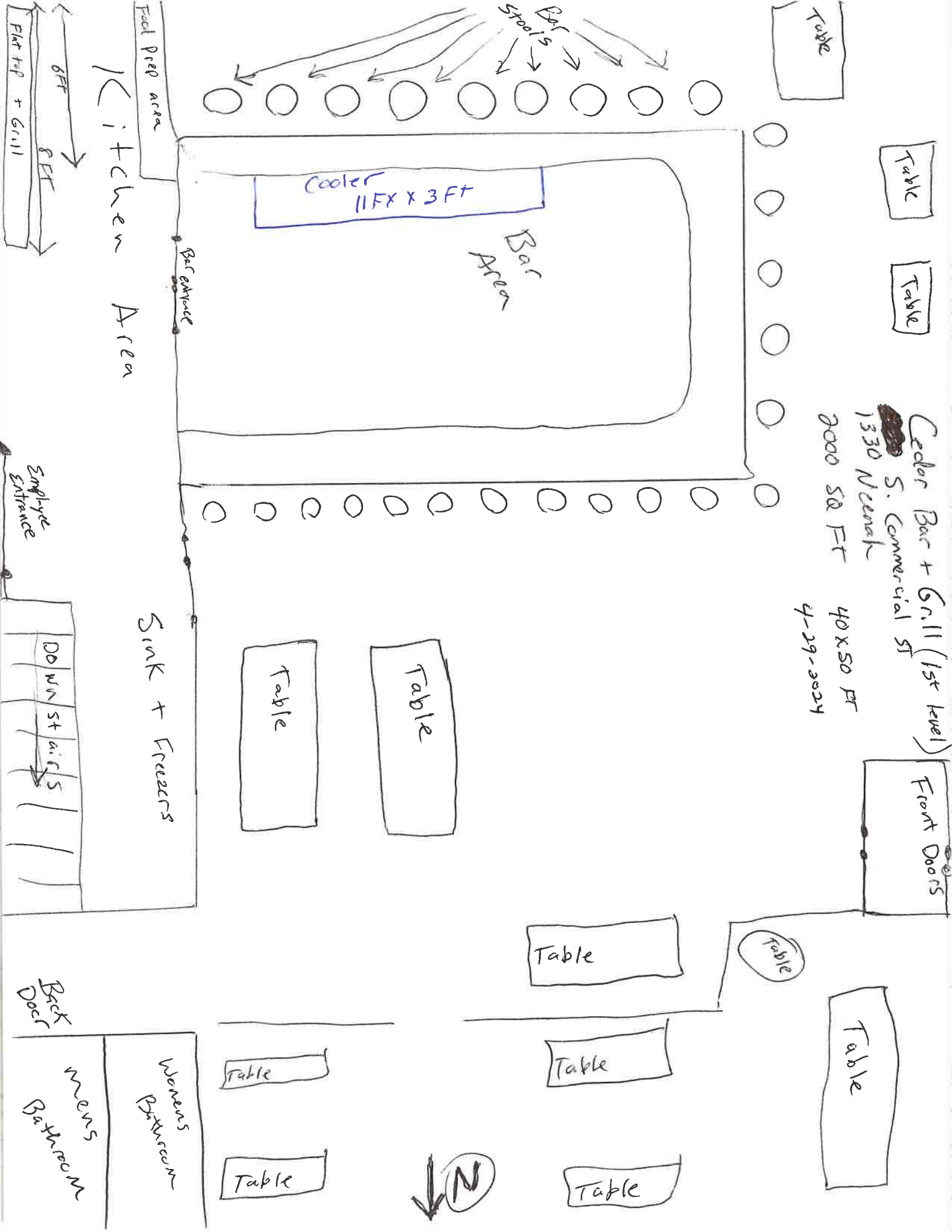
[Signature]  
Signature of Individual/Partner/Officer

[Signature]  
Signature of Partner/Officer

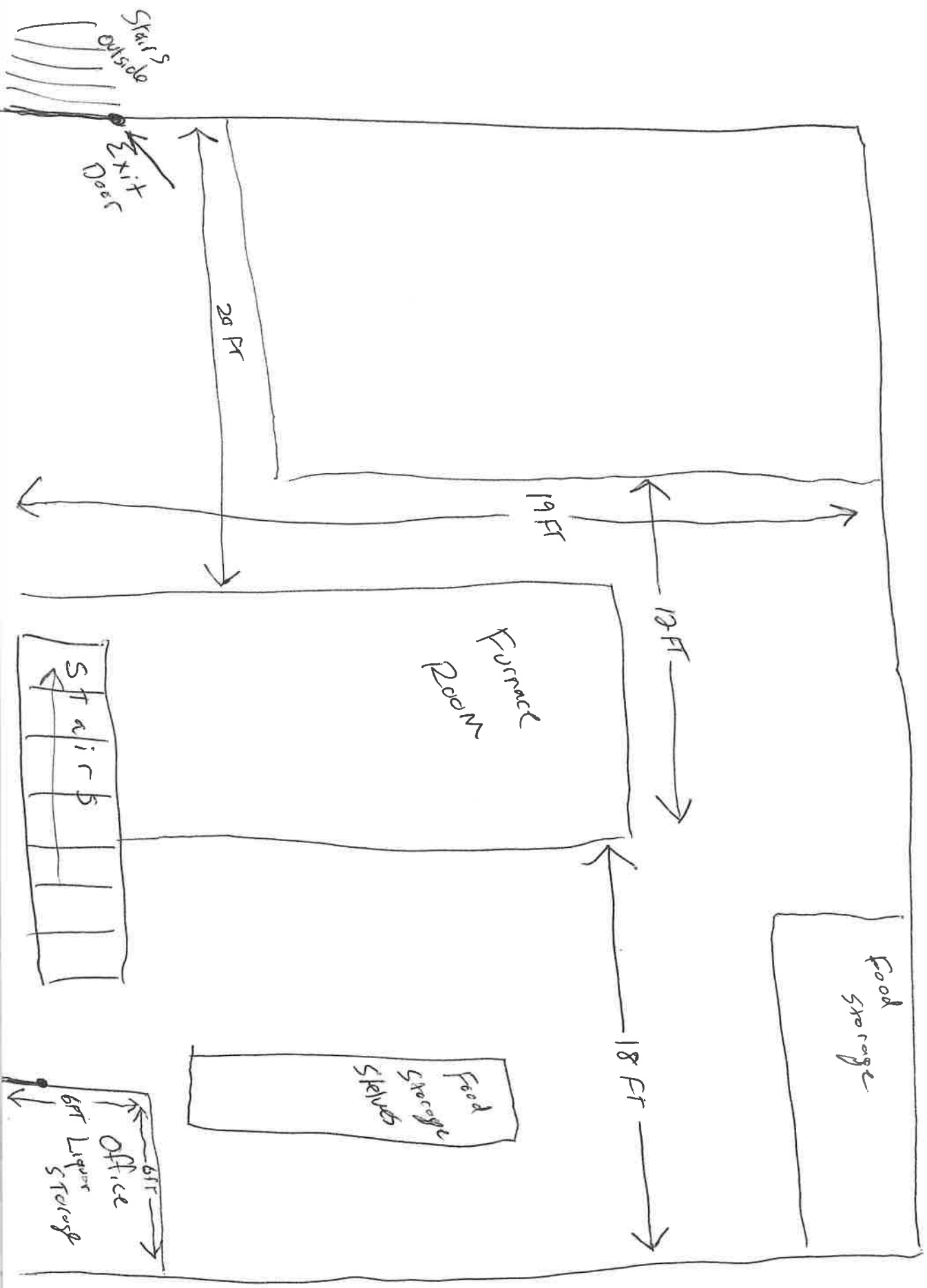
**Warning: Penalty provided for submitting false statements and affidavits with this application.**

**Your application will be returned for failure to fill out this form completely and correctly, and submit a detailed floor plan as indicated.**

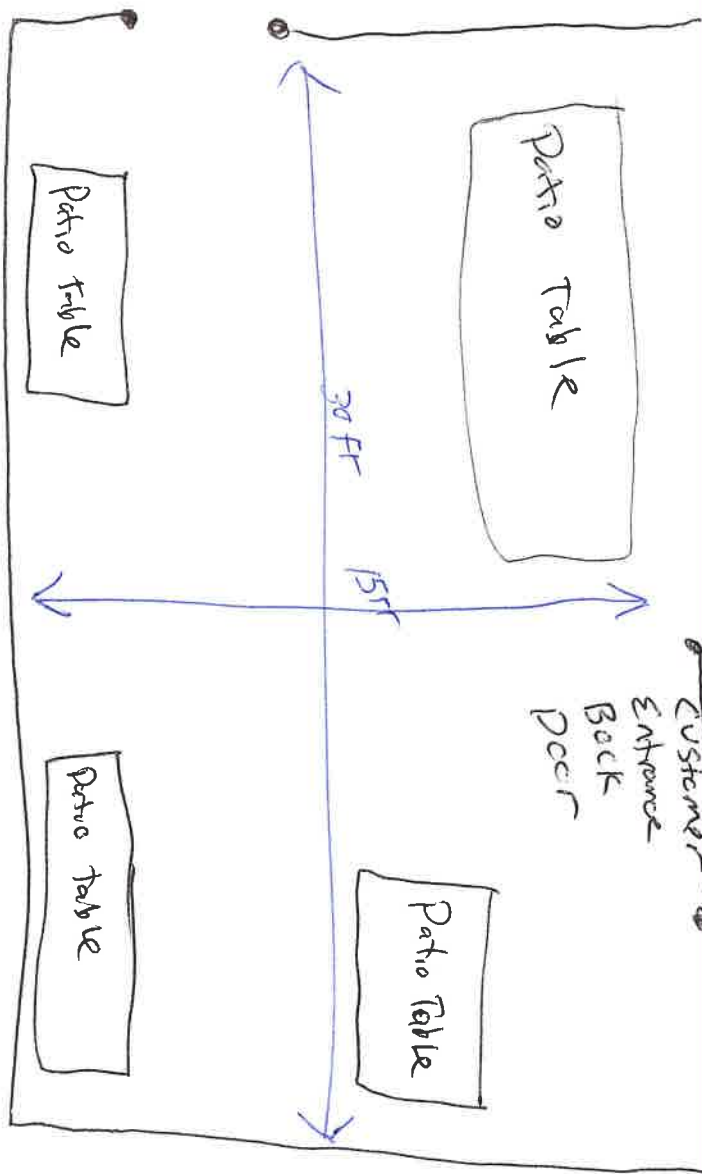
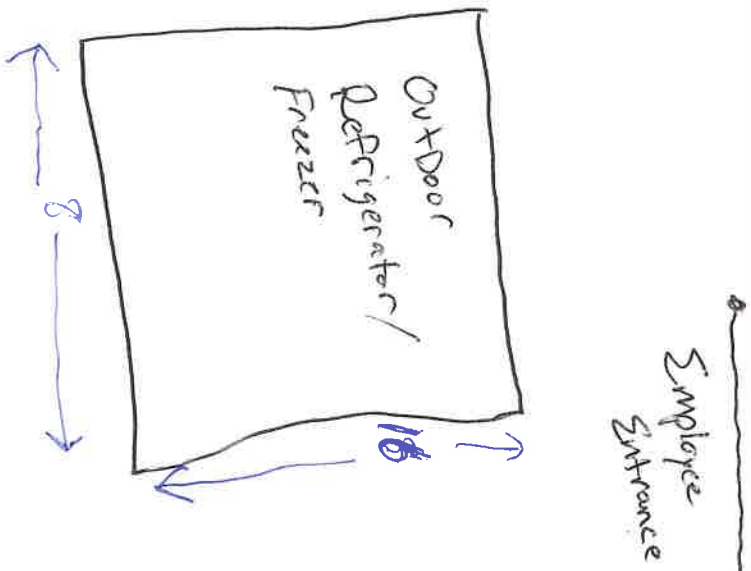




Basement  
Cedar Bar + Gr. 11 1330 S. Commercial St  
4-29-2024



→  
2



Outside Patio + Cooler  
 Cedar Bar + Grill 1830 S. Commercial St  
 4-29-2024

2  
 →

Credor Bar and Grill 1330 S. Commercial ST  
4-29-2024

Commercial Street

sidewalk

Credor Bar and Grill

Customer entrance

employee entrance

Customer Entrance

Coatler

Patio

Parking

backing

